

CLAIMS ONLY	Application Number	Filing Date
	Applicant(s)	

Filing Date

\* May be used for additional claims or amendments

CLAIMS	<del>NO FIELD</del>		<del>AMENDMENT FIRST</del>		<del>AMENDMENT SECOND</del>	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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48						
49						
50						
Total Indep	2					
Total Depend	30					
Total Claims	32					

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						
Total Claims						